

FILE

JAN 19 2006

## NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

DEAN HELLER  
SECRETARY OF STATENAME Deborah "Debbie" Getto SmithMAILING ADDRESS 507 So. Maine St.CITY, STATE, ZIP Fallon, NV 89406TELEPHONE 775-423-5514LENGTH OF RESIDENCE IN NEVADA 52

LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO

VOTE [per NRS 281.571(1)(a)] 30E-MAIL deb1012@oasisol.com

1157

List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:

| Public Office                 | Elected (E) or<br>Appointed (A)<br>OE | Annual<br>Compensation | Term or<br>Date Appointed | ANNUAL<br>all elected and<br>appointed public<br>officers<br>(no later than Jan. 15<br>each year)<br>NRS<br>281.559(1)(b)<br>281.561(1)(b) | CANDIDATE<br>(no later than<br>the 10 <sup>th</sup> day<br>after the last day<br>to qualify as a<br>candidate)<br>NRS<br>281.561(1)(a) | APPOINTMENT<br>to fill unexpired term<br>of an elected or<br>appointed public<br>officer<br>(within 30 days)<br>NRS<br>281.559(1)(a) |
|-------------------------------|---------------------------------------|------------------------|---------------------------|--|--|--|
|                               |                                       |                        |                           |  |  |  |
| Churchill County School Board |                                       | \$ 2,210.00            | 01/01/02                  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |
|                               |                                       | \$                     |                           | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
|                               |                                       | \$                     |                           | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |

List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]:

|   | Self                                | Household<br>Member                 |
|---|-------------------------------------|-------------------------------------|
| GEORGE WINDER BOOKKEEPING SERVICE, IN.    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| ROBERT M GETTO                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| ROSS INVESTMENT CO                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| NEVADA PUBLIC EMPLOYEES RETIREMENT SYSTEM | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| ROBERT M GETTO FAMILY TRUST               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortgage or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a motor vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:

|  | Self                                | Household<br>Member                 |
|--|-------------------------------------|-------------------------------------|
| ROSS INVESTMENT CO   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| ROBERT M GETTO   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| JOANNA T ROSS  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| THE JACK S. ROSS AND JOANNA T ROSS FAMILY DECEDENT'S TRUST | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| AMERICAN EXPRESS   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity [NRS 281.571, Subsection 1(f)]:

|  | Self                                | Household Member                    |
|--|-------------------------------------|-------------------------------------|
| GEORGE WINDER BOOKKEEPING SERVICE, INC. DBA DS BOOKKEEPING SERVICE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| ROBERT M GETTO FAMILY TRUST  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| JACK S. ROSS AND JOANNA T. ROSS FAMILY TRUST                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| RC HIIBEL FAMILY TRUST   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|  | <input type="checkbox"/>            | <input type="checkbox"/>            |

List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state [NRS 281.571, Subsection 1(c)]:

| Specific Location                 | Particular Use    |
|-----------------------------------|-------------------|
| 7250 CURRY ROAD, FALLON, NV 89406 | AGRICULTURAL LAND |
|                                   |                   |
|                                   |                   |
|                                   |                   |

List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a donor during the preceding taxable year [except (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action] [NRS 281.571, Subsection 1(e)]:

| Donor | Value of Gift |
|-------|---------------|
|       | \$            |
|       | \$            |
|       | \$            |
|       | \$            |
|       | \$            |

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: JANUARY 15, 2006

Signature: Sarah Getto Smith

Appointed Public Officers  
Nevada Commission on Ethics  
3476 Executive Pointe Way, Suite 10  
Carson City, Nevada 89706  
775.687.5469 • 775.687.1279 fax

File completed form with:

Elected Public Officers and Candidates for Public Office  
Nevada Secretary of State, Elections Division  
101 North Carson Street, Suite 3  
Carson City, NV 89701  
775.684.5705 • 775.684.5718 fax

Revised 8/23/2005